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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Morocco

Proposed UNFPA assistance: $19 million, $13 million from regular resources and $6 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	8.0	4.5	12.5
Population & development strategies	3.0	1.0	4.0
Advocacy	2.0	.5	2.5
Total	13.0	6.0	19.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	31.0	≤60
Contraceptive prevalence rate (15-44) (%)[2]	42.0	≥55
Access to basic health services (%)[3]	70.0	≤60
Infant mortality rate (/1000)[4]	68.0	≤50
Maternal mortality rate (/100,000)[5]	330.0	≤100
Gross female enrolment rate at primary level (%)[6]	43.3	≥75
Adult female literacy rate(%)[7]	27.7	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	27,028
Population in year 2000 (000)	29,637
Sex ratio (/100 females)	100.2
Per cent urban	48.4
Age distribution (%)	
Ages 0-14	36.1
Youth (15-24)	21.2
Ages 60+	6.2
Percentage of women aged 15-49	52.1
Median age (years)	21.3
Population density (/sq. km.)	61
Annual population growth rate (%)	1.8
Urban	2.9
Rural	0.8
Crude birth rate (/1000)	25.5
Crude death rate (/1000)	7.1
Net migration rate (/1000)	0.0
Total fertility rate (woman)	3.10
Life expectancy at birth (years)	
Males	63.9
Females	67.5
Both sexes	65.7
GNP per capita (U.S. dollars, 1994)	1,150

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the Kingdom of Morocco achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $19 million, of which $13 million would be from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $6 million from multi-bilateral and/or regular resources, to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Morocco.

2. The proposed programme was developed following a programme review and strategy development (PRSD) mission undertaken in July 1996, in close collaboration with the Government, non-governmental organizations (NGOs), United Nations system agencies and bilateral donors. It was developed in accordance with the country's Social Development Strategy for the 1990s and the Environmental Protection/Sustainable Development Strategy, the 1996-2000 Economic and Social Development Plan currently being prepared, the Social Priorities Programme and the Country Strategy Note, which provides the overall framework for cooperation between Morocco and the United Nations system during the period 1996-2000 period. The proposed programme cycle is harmonized with UNDP, UNICEF and World Food Programme (WFP) activities in Morocco. It would seek to strengthen the increasingly active coordination among all United Nations agencies and complement the work of other donors in the country.

3. The main purpose of the proposed programme is to assist the Government in attaining its population and development goals. The whole proposed programme focuses on bridging the gap between urban and rural development in terms of access to reproductive health, including family planning and sexual health, information and services and on achieving gender equality in social and economic development. It targets vulnerable groups in 10 disadvantaged provinces for a broad range of services designed to improve the status of women, reduce maternal and neonatal mortality, improve coverage and quality of care and expand maternal and child health and family planning (MCH/FP) services. The programme also seeks to strengthen national capacity for an integrated population policy and its coordinated implementation and for developing an integrated information system.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Designated as a category "B" country under UNFPA's new approach for resource allocation, Morocco is a middle-income country of contrasts and uneven development. Despite real progress in certain sectors, the high level of maternal mortality, female illiteracy, particularly in rural areas, and urban-rural disparities are comparable to those in low-income countries. The status of women is low in Morocco, and this must be addressed at all levels. The situation is accentuated in rural areas where poverty and negative traditional perceptions combine with limited access to basic services and education.

6. Maternal mortality is still very high (330 per 100,000 live births) and represents a major public health issue in Morocco. Intra-hospital mortality stands at 192 deaths per 100,000 births, clearly demonstrating the extent of service and management problems, in particular in emergency situations. This also reflects the low level of public sector expenditures (1 per cent of gross domestic product and 34 per cent of total health expenditures) and the limited performance of the public health system, especially at the basic health care level.

7. With regard to literacy and education in rural areas and among the female population, the situation is critical. In rural areas, nine out of ten women are illiterate. At the national level, illiteracy is much higher for women (72 per cent) than for men (42 per cent). School attendance for urban children aged 7 to 12 is 79 per cent for girls and 85 per cent for boys. In rural areas, the school attendance rate at the primary level is much lower and the male/female gap is wider: 26 per cent for girls and 55 per cent for boys.

8. The national fertility rate decreased from 5.5 children per woman in 1982 to 3.1 in 1994 due to an increase of female age at first marriage from 22.2 years to 25.8 years and contraceptive prevalence -- from 19 per cent in 1980 to more than 40 per cent in 1995. The fertility rate in rural areas is considerably higher than in urban areas. Only 31 per cent of women have deliveries assisted by qualified staff and only 45 per cent benefit from prenatal care. The percentage of assisted deliveries in rural areas stands at 19 per cent compared to 80 per cent in urban areas, and for prenatal care stands at 28 per cent compared to 79 per cent in urban areas. Neonatal, infant and under-five mortality are high, particularly in rural areas.

Previous UNFPA assistance

9. UNFPA has contributed to improving the demographic and health status of Morocco. It has played an important role in raising political commitment to population issues and to integrating population concerns into development planning and environmental management. During the fourth country programme, UNFPA's assistance to the reproductive health domain focused on improving quality and access to MCH/FP services with the objectives of reducing fertility and maternal and

infant mortality, and increasing contraceptive prevalence, broadening the contraceptive method mix and improving women's utilization of related services. UNFPA supported a number of related governmental activities, including strengthening training activities for midwives and other service deliverers, reinforcing the national health information system and related information, education and communication (IEC) activities, and supporting the national HIV/AIDS programme. The fourth country programme also strengthened NGO efforts focused on youth, traditional communication activities and family planning. UNFPA contributed to the extension of family planning services to the rural sector in 10 disadvantaged provinces.

10. As a follow-up to the ICPD, and with UNFPA support, the Government adopted and began implementing a reproductive health approach in the programmes of the Directorate of Population of the Ministry of Public Health, assigning high priority to reproductive health care. The Government's Safe Motherhood strategy has focused mainly on preventive care through both pre-natal consultation and the monitoring of high risk cases. Due to the limited impact of this approach, however, the programme was recently re-oriented towards extending and upgrading the role of maternity hospitals for the provision and monitoring of maternity care. However, issues of inequity and inefficiency of the health system, insufficient coverage of the rural population, limited performance of the public health system and the centralization of management are pervasive and need to be addressed. Training methodologies require improvement. The health information system suffers from a multiplicity of forms to be filled out and the limited use of data at the peripheral level. Activities relating to the early detection of reproductive diseases need to be strengthened.

11. Activities that target men and adolescents are still weak and need to be strengthened. Adolescent reproductive health problems are not specifically addressed except by certain programmes of the Moroccan Family Planning Association and the Ministry of Youth and Sports. UNFPA has supported efforts to include reproductive health and gender issues in IEC programmes and to improve interpersonal relationships between service providers and clients. IEC activities require an implementation strategy adapted to the local environment. Due to high illiteracy rates, a broad range of information activities is necessary. One of the strengths of population education activities is the multiplicity of the actors involved in the dissemination of messages, particularly among disadvantaged, and often illiterate, groups. In most cases, these activities are part of the Government's regular activities and therefore their potential is considerable. The PRSD mission suggested an analysis of the most optimal way through which coordination can be enhanced without hindering the initiatives of the various actors involved in IEC activities.

12. The recent establishment of a Ministry of Population and the reactivation of the National Population Commission following the ICPD provide a real opportunity to develop an explicit population policy and effectively coordinate the national population programme whose elements are presently dispersed between different ministerial departments and NGOs. The Ministry of Population could also take a lead role in organizing the requisite national consultations for the definition and

progressive establishment of an integrated information system that would provide baseline data for the monitoring and evaluation of population and development objectives. UNFPA-supported research on post-ICPD themes such as the family, international migration and measuring women's real economic and social contribution provide a promising basis for launching a policy dialogue on these issues.

13. UNFPA has a comparative technical advantage in data collection and analysis, necessary for the inclusion of population objectives in the country's development plans. UNFPA assistance was instrumental in preparing the Centre for Demographic Research and Studies (CERED) to become an autonomous institution within the Ministry of Population and the technical secretariat of the National Population Commission. While CERED is now in a strategic position to facilitate the implementation of the country programme, its technical capacities are still limited. UNFPA would therefore continue strengthening its capacities. There has been little coordination among data producers, and dissemination methods and information support materials are not adapted or sufficiently decentralized. However, UNFPA and UNDP support for the establishment of a Sustainable Development Network by the Ministry of Environment has led to some promising guidelines for developing an integrated statistical information system. Support provided by UNFPA for the establishment of a marriage and divorce data collection system will provide continuous information for the process of revising women's legal status within the family.

14. During the fourth country programme, UNFPA supported advocacy through the Ministry of Foreign Affairs and Multilateral Cooperation's Women and Development Unit. This Unit successfully mobilized donor support for activities aimed at elevating the status of women and disseminating information on women's needs and realities. Direct support was also provided for related NGO advocacy activities. Lack of sufficient coordination between governmental and NGO programmes aimed at improving the status of women has led to an uneven distribution of efforts and the implementation of mostly traditional activities with little integration of women's concerns in key development programme fields. It is hoped that highlighting the obstacles to women's advancement will enable the development of systematic and integrated problem-solving strategies.

Other external assistance

15. The European Union gives support to education, basic health services reform, environmental protection and actions targeted towards youth and civil society. The United States Agency for International Development (USAID) has been the largest population donor, providing support to Morocco's family planning programme, and focusing on increasing rural girls' school enrolment. However, USAID plans to withdraw from Morocco by the year 2000. The family planning programme is confronted with the need to develop an adequate funding strategy in the light of USAID's expected withdrawal. The World Bank has provided support for the elaboration of the Government's social priorities programme to address rural/urban disparities. The first phase of that

programme envisages the development of an infrastructure for basic education and literacy and for primary health care services. The World Bank's programme targets 13 provinces that are the most disadvantaged in terms of access to basic health and education services. These 13 provinces constitute a rallying point for the interventions of a number of United Nations agencies, including UNFPA, over the next five years. UNFPA assistance will be complementing the development of infrastructure to be funded by the World Bank.

16. UNFPA is poised to become the main external actor in the population field in Morocco, providing both technical and financial assistance for the integration of population concerns in broader sustainable development programmes, as well as extending support to the Government for the coordination of external population assistance. The fifth country programme is being harmonized with the planned UNDP support to rural, urban and peri-urban areas of seven of the 13 targeted provinces. UNFPA's programme will also be coordinated with the UNICEF programme designed to address the needs of seven of these provinces through support for programmes aimed at ensuring equal access to health services; developing pure water sources; and promoting the survival and protection of disadvantaged women and children. The WFP programme will focus on promoting rural girls' school enrolment by distributing in-kind subsidies to parents in all 13 provinces.

Proposed programme

17. Within the context of the Government's commitment to implement poverty alleviation programmes in 13 targeted provinces, the programme focuses on bridging the gap between urban and rural development in 10 priority provinces in terms of expanding access to comprehensive reproductive health information and services and achieving gender equality in social and economic development. The programme will also strengthen national capacity for carrying out an integrated population policy and for developing an integrated information system. UNFPA's support in these areas will further strengthen Morocco's key role in South-South cooperation in the population and development field.

18. Reproductive health. UNFPA's interventions will concentrate at the policy and service delivery levels with a view to reducing maternal and neonatal mortality. Approximately two thirds of the resources will be allocated to reproductive health activities, of which 70 per cent is earmarked for direct interventions in 10 targeted provinces. In the area of maternal health, support will be provided to increase prenatal care and to prevent and manage delivery- and pregnancy-related complications. This includes strengthening essential obstetric care and referral services; training service providers in technical skills and supervision; and providing equipment and essential drugs. Support will also focus on improving follow-up and evaluation in order to expand the coverage and quality of reproductive health services and make them more responsive to clients' needs. In response to lessons learned about vertical programme implementation, programme decentralization at the provincial level will be effected through the identification and analysis of problems faced by service

providers and by using a teamwork approach to address issues of maternal mortality and morbidity.

19. In the field of IEC in support of reproductive health, UNFPA would continue to support efforts targeted at reproductive health service providers and their clients, including men and adolescents and community leaders of especially underserved and hard-to-reach rural populations. IEC activities will focus on training population professionals in interpersonal communication skills. Support will be given to the promotion of community mobilization for the establishment of local emergency evacuation in case complications arise during labour.

20. At the national level, support in the area of reproductive health will focus on developing integrated approaches in maternal health and family planning, prevention and management of reproductive tract infections, including sexually transmitted diseases (STDs), and HIV prevention in cooperation with USAID, the World Bank, the European Union, UNAIDS and UNICEF. Specific and limited support would be given to the procurement of contraceptives and to resource mobilization to cover the rising cost of contraceptives. Support would also be provided to governmental resource mobilization activities from other multi-bilateral and bilateral donors for the implementation of the national population programme through the organization of a donors' round table on the basis of specific proposals.

21. More emphasis will be placed on adolescent reproductive health through the strengthening of population education programmes focusing on reproductive health well-being, gender roles and equality and life skills. Support would be continued for the Women and Development Unit for activities aimed at mobilizing government, NGO and donor support for the promotion of women and the strengthening of the capabilities of women's NGOs.

22. Population and development strategies. The fifth country programme will support the development of an explicit and integrated population policy and its effective integration in the national socio-economic development strategy, particularly the national poverty alleviation strategy, through support for the reactivation of the national and provincial population commissions, the development of an integrated information system and national-level research on such emerging needs in Morocco as international migration, the legal status of women, and the development of the multidisciplinary approach, including gender analysis, as well as provincial level research on interlinkages between population and the environment, internal migration and obstacles to women's empowerment.

23. Advocacy. Support will be provided to the Government in its advocacy efforts to promote awareness of adolescent problems, reproductive health issues and rights, the importance of schooling, particularly for girls, and environmental protection issues. Such efforts will include partnerships with television, radio and press journalists who would benefit from specific training. UNFPA would

focus on gender issues, in collaboration with other donors, within the context of the Government's social priorities programme. Support will be given to sociocultural research with the overall aim of encouraging positive attitudes about reproductive health issues and fostering behavioural change.

Implementation, monitoring and evaluation

24. Under the proposed programme, UNFPA would strengthen its efforts to optimize programme efficiency through the coordination of activities with other United Nations agencies and the World Bank and the carrying out of joint and/or complementary activities within the context of the Resident Coordinator System, particularly in targeted provinces. At the policy level, collaboration and coordination would be geared towards the integration of population concerns in the formulation, implementation and monitoring of the national poverty alleviation programme, the promotion of rural schooling for girls, the promotion of women and the protection of the environment.

25. The programme will promote synergy between different interventions. This strategy would be promoted by overall programme management by the Ministry of Foreign Affairs and Multilateral Cooperation and its technical coordination by the Ministry of Population through the reactivation of the National and Local Population Commissions, with CERED serving as the secretariat.

26. On the basis of the experience gained during the fourth cycle, during which the majority of the programme activities were successfully executed by national counterparts and during which it is estimated that all of the allocated programme funds will have been expended, national execution would be the preferred execution modality of the proposed fifth programme. National capabilities, including NGOs and the private sector, would be increasingly utilized for programme implementation. In the long term, this strategy enhances programme sustainability and increases the likelihood of success.

27. The implementing agencies would be responsible for the internal monitoring of their respective programme activities, by using the standard UNFPA monitoring and evaluation instruments. To assess overall programme progress, a mid-term review of the programme would be conducted in 1999 jointly with UNDP and UNICEF.

28. Programme management, monitoring and evaluation would be strengthened by: (a) recruiting national programme and project support personnel to assist in the execution and monitoring of activities funded by UNFPA; (b) fielding technical backstopping missions by UNFPA Country Support Teams (CSTs) and recruiting national and international consultants to provide technical assistance as needed; and (c) training national project staff, both government and NGO, on UNFPA's substantive, administrative and financial procedures. Programme performance would be evaluated using the baseline data by which the 13 priority provinces were identified along with results of other national population-related surveys, the routine statistics system, which would be improved under the

proposed programme, and an integrated information system that would be developed in the fifth country programme.

Recommendation

29. The Executive Director recommends that the Executive Board approve the programme of assistance to Morocco, as presented above, in the amount of $19 million over the period of 1997-2001, of which $13 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $6 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.